

PENNSYLVANIA
OFFICE OF ATTORNEY GENERAL



UNSOLICITED
FAX COMPLAINT FORM

MIKE FISHER
ATTORNEY GENERAL

www.attorneygeneral.gov

YOUR INFORMATION

YOUR NAME

ADDRESS

CITY

STATE

ZIP CODE

COUNTY

FAX NUMBER

E-MAIL ADDRESS

HOME PHONE NUMBER

BEST NUMBER TO CALL DURING THE DAY

FAX INFORMATION

NAME OF BUSINESS COMPLAINT IS AGAINST

ADDRESS

CITY

STATE

ZIP CODE

COUNTY

PHONE NUMBER

FAX NUMBER

E-MAIL ADDRESS

NAME OF OWNER OR MANAGER

NAME OF SALESPERSON

1. Did you or any member residing at your residence invite or give permission for the sender to send the attached fax? ☐ yes ☐ no
2. Does the attached fax contain an opt-out or toll-free telephone number to notify the sender not to transmit further unsolicited documents? ☐ yes ☐ no
3. Did you contact the sender to request to be removed from their distribution list? ☐ yes ☐ no (If Yes, please provide the following information)

Method of contact _____

Date of Contact [day/month/year] _____

Telephone Number _____

Name of sender Representative _____

Your Age:

- ☐ 18-29
☐ 30-44
☐ 45-59
☐ 60 or older

How did you find out about us:

- ☐ Visited Office
☐ Attended County/ Senior Fair or Speaking Engagement
☐ State Legislator/ Agency
☐ News Story
☐ Internet
☐ Other- Please Specify:

(This information will be used for Statistical & Enforcement Purposes Only)

1-800-441-2555

Please return this complaint form with a copy of the fax to: Bureau of Consumer Protection
Administrative Office
14th Floor, Strawberry Square
Harrisburg, PA 17120

PLEASE NOTE: The Office of Attorney General will not be able to process this complaint without a copy of the fax.

I certify that the information provided is true and correct to the best of my knowledge, information and belief.

YOUR SIGNATURE

DATE